



NON-DISCLOSURE OF INFORMATION AGREEMENT

For Non-Warranted (Government or Contractor) Personnel

Involved in: Receipt of Protected Government Information Provided on a Need to Know Basis for Assistance in Preparing a Proposal in Response to SIR DTFAAC-11-R-02423R1 for the ARINC Encoding Tool

The purpose of this Non-Disclosure Agreement is to ensure that Sensitive Security Information (SSI) and information marked For-Official-Use-Only (FOUO), provided to me and/or my company as a part of the Government's response to posted questions, is not released to the general public and will not to be disclosed to other persons, companies or organizations not authorized access to such information; and that such information is not used by other persons, companies or organizations contrary to purposes for which it was provided.

AGREEMENT

I, the undersigned, have legal authority for the company I represent and agree that I/we will not allow the disclosure or release to any person, company or organization, which is not directly related in developing our proposal, any SSI or FOUO information which was requested and provided to support development of our proposal. The disclosure of which might, directly or indirectly, afford some person, company or organization unauthorized insight into Government processes or procedures that was requested and provided on a need-to-know basis.

I will abide by the applicable parts of controlled information under 49 CFR parts 15 and 1520 and will insure that no part of the information provided will be disclosed to persons without a need to know. I am aware unauthorized release of this information places me under possible criminal and civil penalties that may be invoked for a violation on my part.

I agree to secure and permanently destroy all forms of this information, electronic or hard copies when no longer needed or no later than sixty (60) days after contract award; and immediately report to the cognizant Contracting Officer any potential or possible violation of this Non-Disclosure agreement.

NAME:		
(printed or typed)		
SIGNATURE:	DATE:	
COMPANY NAME:		
ADDRESS:		
TELEPHONE:		
E-MAIL ADDRESS:		
Submit completed and signed copy to John Hawl	x, john.hawk@faa.gov	